

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90423 016 \*\*\*150.00

**DOCUMENT # P99000079661**

1. Entity Name  
**FIVE FIVE FIVE REALTY HOLDINGS, INC.**

Principal Place of Business  
**7251 WEST PALMETTO PARK ROAD**  
**SUITE 206**  
**BOCA RATON FL 33433**

Mailing Address  
**7251 WEST PALMETTO PARK ROAD**  
**SUITE 206**  
**BOCA RATON FL 33433**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**555 S. Federal Hwy.**

Suite, Apt. #, etc.  
**Suite 400**

City & State  
**Boca Raton FL**

Zip  
**33432**

Country

3. Mailing Address  
**555 S. Federal Hwy.**

Suite, Apt. #, etc.  
**Suite 400**

City & State  
**Boca Raton FL**

Zip  
**33432**

Country

4. FEI Number **65-0951794**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KING, JAMES P**  
**7251 WEST PALMETTO PARK ROAD**  
**SUITE 206**  
**BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name **Same**  
 Street Address (P.O. Box Number is Not Acceptable)  
**555 S. Federal Hwy.**  
**Suite 400**  
 City **Boca Raton** **FL** Zip Code **33432**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **KING, JAMES P**  
 STREET ADDRESS **7251 WEST PALMETTO PARK RD. SUITE 206**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **S** ☐ Delete  
 NAME **SCHLUBACH, ANITA**  
 STREET ADDRESS **7251 WEST PALMETTO PARK RD., #206**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **555 S. Federal Hwy. #400**  
 CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **555 S. Federal Hwy. #400**  
 CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)